

ARKANSAS INSURANCE DEPARTMENT LICENSE DIVISION 1 COMMERCE WAY, SUITE 104 LITTLE ROCK, AR 72202 PHONE: 501-371-2750

FAX: 501-683-2604

THIRD PARTY ADMINISTRATOR BOND

	Bond No	
KNOW ALL MEN BY THESE PRESENTS:		
That we,	of	, as
Principal, and	nd Dollars (\$25,000) lawful m by bind ourselves, our and ea	oney of the United States
THE CONDITIONS OF THIS OBLIGATION IS SUCH THA	AT:	
WHEREAS, the above bounden principal has taken all Commissioner of the State of Arkansas to qualify as a Thir other acts as may be necessary to comply with all require including the maintenance of this Bond, in the amount afores Principal's obligation to its subscribers and/or sponsoring clients.	rd Party Administrator and doments of the <u>Arkansas Insur</u> said, said Bond to assure the fa	oing and performing such rance <u>Code</u> , as amended, aithful performance of the
NOW THEREFORE, the condition of the obligation is such comply with the laws of the State of Arkansas pertaining to due payment, to the person entitled thereto, of any funds corobligation shall be null and void; otherwise to remain in full to	Third Party Administrators being into the possession of the	y the full accounting and
PROVIDED, this bond may be cancelled by the Surety by Registered Mail with the Insurance Commissioner, State Administrator/Principal.		
IN WITNESS WHEREOF, the Principal has hereunto set his be hereunto signed, and its corporate seal attached by its dabove written.		
		Principal
	BY	
		Title
		Surety
	BY	
Countersigned:		Attorney-in-fact